## Foster Family Home - Corrective Action Report

Provider ID:

2-090073

Home Name:

Eredulin Julian, CNA

Review ID:

2-090073-9

15-3226 Hoopili Street

Reviewer:

Carol Copeland

Pahoa

HI 96778 Begin Date:

6/20/2018

End Date: 7-30-18

**Foster Family Home** 

**Required Certificate** 

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home visit survey performed to recertify three client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 7/20/18.

**Foster Family Home** 

**Quality Assurance** 

[17-1454-48.1]

48.1.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
48.1.(a)(1)	Sudden illness or accident;
48.1.(a)(2)	Death;
48.1.(a)(3)	Violent acts or abuse;
48.1.(a)(4)	Natural disasters;
48.1.(a)(5)	Fire; and
48.1.(a)(6)	Power and telephone outage
48.1.(e)(1)	Reviews of administrative, fiscal, personnel, and client records;
Commont	

Comment:

48.1.(e)(1) No smoking policy in home binder.

48.1.(a) No emergency preparedness plan in home binder.

**Foster Family Home** 

**Fiscal Requirements** 

[17-1454-49.1]

49.1.(b)

The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b) No budget in home binder.

**Foster Family Home** 

Client Rights

[17-1454-50]

50.(b)(15)

Have daily visiting hours and provisions for privacy established:

Comment:

50.(b)(15) No visiting hours policy in home binder.

6/20/18 Date 6(20/2018

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

JULIAN CCFFH

CCFFH Address: 15-3226 HO'OPILI ST., PAHOA, HI. 96778

Rule	Corrective Action Taken	Date Corrected	Prevention Strategy
Number		Corrected	
48.1.(a)	CCFFH Emergency Preparedness plan was made and placed in Home Binder.	7/16/18	Back up copy was saved on a flash drive so PCG can easily print just in case hard copy in the Home Binder will be destroy or lost.
48.1.(e)	CCFFH Smoking Policy was made and placed in Home Binder.	7/16/18	Back up copy was saved on a flash drive so PCG can easily print just in case hard copy in the Home Binder will be destroy or lost.
49.1.(b)	CCFFH Budget was created and placed in Home Binder.	7/16/18	Back up copy was saved on a flash drive so PCG can easily print if hard copy in the Home Binder will destroy or lost and it is easier to change or correct the informations if needed.
50.(b)(15)	CCFFH Visiting hours policy was created and implemented.	7/16/18	Back up copy was saved on a flash drive so PCG can easily print just in case hard copy in the Home Binder will be lost or destroy.

Primary Caregiver's Signature:	Gualin	U Alla	MAN	
Drint Name: FREDIALL	j		7/20	20